course, if necessary, to compulsory measures to introduce food into the stomach, and that this object is better accomplished by passing it through the fances by means of any ordinary funnel than by the use of a stomach pump, this measure being attended by less trouble to the operator, and less inconvenience and danger to the patient.

4th. That the nutriment given should embrace all the alimentary principles, as represented in nature by milk, and should be contained in as small a compass as possible.

5th. That cases complicated with gastric disorder are much more difficult to overcome, and dangerous to life, than others where the refusal of food depends only on the peculiar mental condition of the individual, in which latter case attention to the state of the general system, sedatives, local counter-irritants, and moral influences, will generally effect a cure.

And lastly, That the debilitated state of the system, caused by inanition, being productive of a tendency to abrasion, attention should be given at an early period to prevent this result. I must add that I have elsewhere seen, in two instances, sloughing of the cornea occur in cases of starvation.

In the above cases the appearances of the encephalic organs have, for the sake of condensation, been omitted in this statement. In all the cases, however, the brain was found considerably diseased, presenting more or less atrophy of its substance, with a corresponding amount of subarachnoid effusion. It would have been easy to have added to the above a considerable number of cases, in which the same treatment was terminated by recovery. In all the above cases it is probable that, at the period of admission into the asylum, the amount of structural change in the coats of the stomach was considerable.

In those which recovered it is fair to assume that these changes did not exist, or that they were so slight as to be removeable by the means at the command of the physician. These means may be briefly summed up :—

1st. The regulation of the bowels by enemata, mercurial alteratives, or astringents, with small doses of opium. The pulv cretæ c hydrarg and the pulv cretæ c opio form excellent remedies for this intention.

2nd. If there is tenderness at the pit of the stomach, the application of sinapisms and turpentine stupes. The condition of these patients generally forbids the use even of a few leeches.

3rd. The skin in these cases is always harsh and dry, and the warm bath is very beneficial, if the strength of the patient will permit its use; if not, tepid sponging must be substituted.

4th. Warmth and quietude must be ensured. The patient must be placed in a soft flock bed, and frequently warm water bottles, well wrapped in flannels, must be placed at his feet and sides. All muscular effort, even that attending the upright or sitting position, is prejudicial where a main object of treatment is to husband carefully the diminished powers of life. And, for the same reason, artificial warmth is useful and often necessary.

5th. But the most imperative indication is to supply the failing powers by food, or to maintain them by stimuli. The condition of the coats of the stomach in these cases is not of that active inflammatory character which would contraindicate the use of the latter agents; and, even if it were, the time comes when they must be given, or the patient will die at once.

In the Devon asylum, the combination of food and stimulus found most useful is that contained in the *London Pharmacopeia*, under the name of Spiritus Vini Gallici; namely, egg, brandy, and sugar. A few table-spoonfuls of this compound given warm is an excellent restorative. But well made beef tea, arrow-root made with boiled milk and with a dash of brandy in it, port wine negus, &c., require also to be given, and nutritive enemata must not be forgotten. The indications for the administration or the withdrawal of stimulus must be carefully watched. These cases strongly resemble cases of typhus fever, not only in many of the symptoms, but in the indications for treatment; and, as in that disorder, no strict rules can be laid down for the employment of stimuli and nourishment; the tact of the physician must guide him in their employment. They must, however, be given a little at a time, and frequently; and it deserves remark, that in this kind of cases difficulty seldom arises in the administration of food from the resistance of the patient. If his nurses are soothing and skilful, he will take the food from a spoon or a child's pap-boat; if he will not, it may be passed through the nares into the pharynx: but this expedient is seldom needful. The cases, in which the introduction of food into the stomach forms the most perplexing part of the treatment, are widely distinct from those under discussion. Such cases owe their origin to delusions of various kinds; to suicidal intentions; and to the fear of poison; to the idea of expiating a crime; or of deserving credit in heaven for self-inflicted suffering on earth. In such cases, if brought under treatment before abstinence has produced organic disease of the stomach, the abstinence is always curable; but, if they are neglected, they tend to pass into the form of disease which has been the subject of this paper. The self-imposed abstinence eventually causes disease of the gastric coats; these become atrophied, and then the cases are identical with those here recorded, and all treatment is in vain.

It is probable that softening of the coats of the stomach results from emaciation of the body in general, and that it is intimately connected with advancing decay of the nervous centres. The frequent occurrence of softening of the coats of the stomach after ramollissement of the brain is a fact noted by Rokitanski; and it is one deserving investigation in cases like the above, as it affords an obvious clue to the greater danger of prolonged fasting where there is disease of the cerebral organs, than when they are healthy.

On the Non-Restraint System, by Robert Gardiner Hill, Esq., *Eastgate House, Lincoln.*

In a recent review of the answers of the medical officers of asylums, published in the Eighth Report of the Commissioners in Lunacy, it is objected that "many

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of the gentlemen who have forwarded replies to the Commissioners, and who have expressed an unqualified opinion in favor of non-restraint are men of but limited experience, having but for a short time been practically engaged in the treatment of the insane. Again, a few of the medical men who answered the circular of the Commissioners, are in the habit of admitting into these houses a limited number of 'nervous invalids,' a quiet class of patients, not at all likely to require the application of mechanical restraint in their treatment. The evidence of these gentlemen is not, therefore, of much value *quoad* the question at issue."

Now the total abolitionists are, as a class, men of great experience, chiefly superintendents of County Asylums. In fact, the system of non-restraint appears to be almost universal in the English County Asylums, (Yorkshire excepted) and in the Scotch Asylums. In England and Wales alone there are already 8761 patients resident in asylums where the system of non-restraint is fully carried out, and there are also 2032 patients resident in other asylums, where non-restraint is and has for many years been practised, but in which the superintendents are not prepared to say that some extreme case may not arise in which restraint may not be imperative.

It also appears that several of those who advocate restraint are the *proprietors* of asylums, and not the *resident superintendents*, and that most of those who receive into their houses "nervous invalids," will be found in the list of advocates for restraint. It appears from the replies that these gentlemen have under treatment 3729 patients only. I feel quite certain that most of these gentlemen would become the staunchest advocates of the non-restraint system, if their accommodations, their staff of attendants, and their general arrangements were in no degree stinted or insufficient. It is, as the Commissioners truly state, (see eighth Report, page 42) a mere question of expense.

In the above mentioned review of the Commissioners Report, the names of Drs. Bucknill, Oliver, and Thurnam, and of Messrs. Millar, Wilkes, Green, and Parsey, have been placed in the list of advocates for restraint, because they assert that cases may arise in which restraint may be imperative, although one of them (Dr. Bucknill) states, "that mechanical restraint in the treatment of the insane is like the actual cautery in the treatment of wounds, a barbarous remedy, which has become obsolete from the introduction of more skilful and humane methods." The "exceptional and desperate cases" named by the above named gentlemen are attempts at self destruction by beating the head against the wall, and cases of perverted instinct, for instance, "a patient manifesting a determined propensity to gnaw his own flesh." The safest remedy for the first case would be the padded room, whilst in the latter case it would be necessary to exercise great watchfulness. I would here ask, will mechanical restraint prevent a man from eating his own flesh? certainly not; no restraint, not even a muzzle, would prevent the lips being bitten off. Such cases are, fortunately, very rare. But those who advocate restraint are like drowning men, ready to catch at straws, and for one or two extreme cases would endanger the comfort and well being of thousands. They do not tell us of the mischievous effects of restraint, how many patients have destroyed themselves with the instruments wherewith they were confined? (for example, the cases at Lincoln and at Bethlem), how many patients have been strangled in straight waistcoats; or have received fatal injuries in the attempt to impose the instruments of restraint? nor do they tell us of the revengeful feelings created thereby. Of two patients, both under restraint, one was murdered by the other at the York Asylum. Even in this enlightened age, a man (Mr. Wilkinson, of Dunston lodge, near Gateshead) has been barbarous enough to horsewhip a poor creature whilst he was under mechanical restraint, and without his coat, and to sanction the extraction of two of his front teeth because he had bitten him on the arm, but not so as to draw blood. (See Commissioners' Eighth Report, p. 25.)

When I originated the system of non-restraint (1837) and lectured thereon, previous to which you will not even find the *term*, as applied to a system of treating lunacy, I never dreamt of including surgical cases, because all such cases require rest and quietude, and whether a man be sane or insane, bandages must be employed. In cases of feeding, it is not necessary to confine the limbs mechanically; *but in abolishing restraints in lunatic asylums it was clearly understood to refer only to those cases in which it had been usual, when patients became refractory, or violent, or suicidally disposed, to confine the limbs for safety.* I cannot see why a man should be ranked amongst the advocates for restraint because he calls to his aid bandages in the treatment of a broken limb.

On more than one occasion, great injustice has been done to Dr. Conolly by psychological writers, by assertions that Dr. Conolly is still an advocate for restraint in certain cases; whereas Dr. Conolly, in his Fourth Report of the Hanwell Asylum (1842) distinctly states, "that the management of a large asylum is not only practicable without the application of bodily coercion to the patients, but that after the *total* disuse of such a method of control, the whole character of an asylum undergoes a gradual and beneficial change." The same paragraph contains an acknowledgement that he had adopted the plan from the Lincoln Asylum.

With regard to Dr. Kirkman of the Suffolk County Asylum having stated that in his asylum "all instruments of mechanical restraint were destroyed more than *twenty* years ago, and they have neither been used or required ever since," (see the Eighth Report of Commissioners, page 139) I shall merely give an extract from his own report, published in 1840, to shew the system which in that year was practised in the Suffolk County Asylum. "All personal confinement is invariably removed on the entrance at the gate, and it is very *rarely* indeed had recourse to again, even for an hour. *Whenever it becomes really necessary, as in the case of the determined suicide*, at night, it is of the gentlest possible kind that an effective guard can be. There are institutions where even this is said to be superseded by the employment of a night watch; but with our

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present system of management it would be foolish to suggest such an idea; and it is very questionable if the general disturbance it must occasion to those who sleep lightly and wake easily, for perhaps a solitary benefit, is not an insuperable drawback on any of its supposed advantages." (Second Annual Report of the Suffolk Lunatic Asylum, by Dr. Kirkman, 1840.)

I think from the above extract, it will be clear to all your readers, that in 1840 (and the two following reports shew that in the two following years restraints continued to be occasionally employed), Dr. Kirkman did not consider that in the treatment of his patients mechanical restraints could in all cases be dispensed with.

Cutaneous Discolorations resembling Bruises occurring to the Insane, by J. C. BUCKNILL, M.D., *Medical Superintendent of the Devon County Asylum.*

It has several times happened to me during the earlier years of my asylum experience, to observe the occurrence of what appeared to be extensive bruises in the persons of feeble and helpless patients, who were in the hands of skilful and attentive nurses, and in whom such occurrences perplexed not less than they shocked me; as I am now distinctly convinced that these appearances were not owing to external injuries, as I can find them nowhere alluded to in books, and as their repetition is calculated to lead to unfounded suspicions, I think a few observations respecting them appropriate for the pages of this Journal.

The two following cases will be sufficient to illustrate the subject. J. N. a female patient, aged about fifty-five years, with acute dementia, and very feeble bodily health; for some time before admission had little nourishment as she refused food; was unable to walk or to sit without support; after a week in bed a bruise on the arm was reported, which, on examination, was found to extend all round the arm to the side of the shoulder and the neck. It was in the last degree improbable that this patient had fallen out of bed at night; she had been under constant surveillance; and even supposing neglect to have taken place, she was so weak as scarcely to be able to move without assistance; besides the discoloration extended to parts which could not have been affected by external violence. The discoloration was uniformly purplish there was a total absence of abrasion of the skin, or tumefaction or hardness of the subjacent tissues. The patient had reclined on the discolored side entirely. She was made to lie on the other side, and in a few days the discoloration disappeared.

E. G. a pensioner, late in the 13th Dragoons, aged forty. General paralysis, with extreme excitement; paralytic symptoms extremely rapid in their progress; speech unintelligible; the catheter required daily; ulcers between the fingers produced by a habit of clasping the hands, the fingers interlacing; the teeth constantly ground together with a noise like the cry of the corn crake; cannot stand; position in bed supine.

A fortnight since a bruise on his gluteal region was reported; on examination a large purple discoloration of this part was seen, which a few years ago I should at once have pronounced to have been produced by external violence, and even in the present instance I was not sure that the patient had not suffered a fall; a bruise however on this soft cushion is not easily caused by a fall; a few days' observation made the nature of the case abundantly clear; the discoloration which was quite plum color, crept upwards to the loins and downwards to the thighs, it then extended over the sides and front of the thighs and the lower part of the abdomen: by the time the discoloration had reached the front of the thighs it was already beginning to fade in the part where it first appeared, and at the present time it has disappeared altogether, except in the hollow of each thigh, where it is putting on the autumnal tints which bruises wear in their decline.

The discoloration was uniform in each part as it became affected; the cuticle was carefully examined through lenses, and found to be entire and uninjured; the cutis and subcuticular tissue was perfectly natural in its feeling between the finger and thumb, there was evidently no thickening from effusion in them; on the lower part of the thighs and legs there were some smaller spots of discoloration exactly resembling the vibices of scurvy.

From the following reasons I come to the conclusion that these discolorations are not produced by external violence, but that they are pathological changes, strictly analogous to the maculæ of scurvy.

1st.—They extend to parts where it would be difficult for external violence to be applied, and impossible for it to be applied at the same time. What possible application of violence could at the same time bruise the whole circumference of the lower part of the trunk and of both the thighs?

2nd.—The discoloration is uniform in the parts affected at the same time; whereas bruises present different degrees of change, according to the degrees of injury inflicted; and although these may not be evident where the discoloration is deepest, it never fails when this is fading to produce the well known mottled appearance.

3rd.—The discoloration is not accompanied by injuries to the cuticle, or effusions causing induration of the cutis, or subcuticular tissue. To ascertain the first of these facts examination through a lens is necessary; for the latter the sense of touch, pinching the skin up between the finger and thumb is sufficient. In a true bruise there is very generally either some abrasion of the cuticle, or some injury followed by swelling and induration of the parts beneath it. If the violence by which it has been caused has been sudden, and superficial, the cuticle will be abraded; if it has been applied with more weight and slowness, the deeper tissues will have been injured.

4th. These discolorations take place on persons whose constitutional powers have been greatly enfeebled, and in whom there is little doubt of the existence of a blood dyscrasia. They are the same kind of patients as those in whom the blood tumour of the ears takes place, so admirably described by Dr. Arlidge in the pages of this *Journal*. If their persons be strictly examined, blotches or vibices closely resembling those of scurvy may not unfrequently be discovered. This however is not invariably the case.

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